

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <u>09/700877</u>	FILING DATE			
						CLAIMS				
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*		
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1			1			51				
2			1			52				
3			1			53				
4			1			54				
5			2			55				
6			2			56				
7			2			57				
8			2			58				
9			1			59				
10			1			60				
11			1			61				
12			1			62				
13			1			63				
14			1			64				
15			1			65				
16			1			66				
17			1			67				
18			1			68				
19			1			69				
20						70				
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40						90				
41						91				
42						92				
43						93				
44						94				
45						95				
46						96				
47						97				
48						98				
49						99				
50						100				
TOTAL IND.			3			TOTAL IND.				
TOTAL DEP.			20			TOTAL DEP.				
TOTAL CLAIMS			23			TOTAL CLAIMS				